FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO                | VAL       |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| l | hours per response:      | 0.5       |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name an<br><u>JETT E</u>                                      |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol LEGGETT & PLATT INC [ LEG ] |        |                                    |                              |   |   |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |                        |   |              |                              |  |  |    |  |   |  |
|--|---|--|--------|------------------------------------|------------------------------|---|---|---|---|---|------------------------|---|--------------|------------------------------|--|--|----|--|---|--|
| (Last) NO 1 LE   | st) (First) (Middle) D 1 LEGGETT ROAD                                 |  |        |                                    |                              | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2010 |   |   |   |   |                        |   |              |                              | X Officer (give title Other (specify below) below)  Senior VP, Gen Counsel   |  |    |  |   |  |
| (Street) CARTHAGE MO 64836  (City) (State) (Zip)                 |   |  |        |                                    | 4. If                        | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |   |   |   |                        |   |              |                              | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |    |  |   |  |
|  |   | Tabl   | eI-N   | lon-Deriv                          | ative                        | Sec   | uritie  | s Ac                                    | quire                                       | ed, D   | isposed o              | f, or E   | enefic       | ciall                        | y Own  | ed   |    |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y |   |  |        |                                    |                              | Execution Date,   |   | 3.<br>Transaction<br>Code (Instr.<br>8) |   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and                           |                        |   |              | Beneficially Owned Following |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |    | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership                      |   |  |
|  |   |  |        |                                    |                              |   |   |   | Code  | v   | Amount                 | (A) or<br>(D)   | Price        |                              | Reporte<br>Transac<br>(Instr. 3  | tion(s)  |    |  | (Instr. 4)  |  |
| Common   | Stock   |  |        | 02/12/20                           | 010                          | 10  |   | A                                       |   | 104.1853  | A                      | \$15.9  | 963          | 105,129.4024                 |  |  | D  |  |   |  |
| Common Stock   |   |  |        |                                    |                              |   |   |   |   |   |                        |   |              |                              | 62,373   | 3.5023 <sup>(1)</sup>  |    | I  | Held In<br>Trust<br>Under<br>Issuer's<br>Retirement<br>Plan |  |
|  |   | Та   | ble II |                                    |                              |   |   |   |   |   | oosed of,<br>convertib |   |              |                              | Owned  |  |    |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Date Exec<br>(Month/Day/Year) if any   |        | eemed<br>tion Date,<br>h/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |   | 6. Date Exer<br>Expiration D<br>(Month/Day) |   | Pate<br>Year)          | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |              | De Se (Ir                    |  | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | ly | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>ct (Instr. 4)                    |  |
|  |   |  |        |                                    | Code                         | Code V  |   | (A) (D)                                 |   | cisable   | Expiration<br>Date     | Title   | of<br>Shares |                              |  |  |    |  |   |  |

## Explanation of Responses:

1. Balance has been updated to reflect the acquisition of 800.136 shares under the Issuer's Restated Stock Bonus Plan during the fourth quarter of 2009, in transactions exempt under Rule 16b-3(c).

/s/ Aileen Gronewold, by POA 02/16/2010

\*\* Signature of Reporting Person Da

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.